

EXHIBIT J – LOSS  
OF ACCESS TO  
KETAMINE  
THREATENS  
PROGRESS IN  
HUMANE  
EUTHANASIA

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# Loss of access to ketamine threatens progress in humane euthanasia

OCTOBER 28, 2015 BY [MERRITT CLIFTON](#)

*by Ruth Steinberger,  
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There is a proposed change in the U.S. and global regulatory status of ketamine, a safe, effective and cost effective anesthetic drug used in both human and veterinary medicine.

Sometimes referred to as a “date rape” drug, ketamine is already highly controlled, yet any veterinarian or clinic choosing to use it can manage the paperwork. The proposed change would place it in the same category as LSD, more restricted than morphine and largely off the table for most of its current uses.



*Spay FIRST! founder Ruth Steinberger.  
(Spay FIRST! photo)*



(Beth Clifton photo)

## No cost-effective replacement

This is an international issue with the potential for very real local impact at shelters and low-cost spay/neuter clinics. There is no cost-effective replacement. The initial comment period for the U.S. Food & Drug

Administration version of this proposed regulatory change ended on October 15, 2015.

A February 2015 article in the *The Guardian* newspaper noted that the international proposal to reclassify ketamine, now before the United Nations Commission on Narcotic Drugs, was initiated by the Chinese government, due to drug abuse in that country. According to that article China is a major producer of ketamine. *The Guardian* called the move to change ketamine a “disaster,” and subtitled the article “Ketamine control plan condemned as potential disaster for world’s rural poor.”

It is doubtful that those who proposed the changes gave any thought to how preventing use of ketamine will impact the euthanasia process for animals, especially in animal shelters.

## How ketamine is used

Unlike in human medicine, in which euthanasia is not performed, certain veterinary drugs, including ketamine, are used for euthanasia as well as for other purposes. If the necessary amounts of the correct drugs are not available to perform euthanasia, the process will be hideous.

This is no small issue. Shelter euthanasia is among the leading causes of death of companion animals in the U.S.; potentially than two million U.S. shelter animals per year could be affected by this change.



(Beth Clifton photo)

The other leading causes of death of companion animals include many painful and incurable conditions, such as cancer, for which euthanasia is usually performed, using ketamine as a sedative before the administration of a lethal dose of pentobarbital.

The establishment of state certification, training programs, and mandatory continuing education for euthanasia technicians, now required by most states, was intended to make shelter euthanasia more professional and the final moments that animals spend here better accounted for. This forward momentum could be halted if ketamine is swept up in a hastily considered plan to address illegal drug use by limiting the lawful and appropriate uses for it.



***Now retired, Doug Fakkema spent more than 30 years teaching proper injectible euthanasia technique. (HSUS photo)***

## Why ketamine is used

Many of the people tasked with administering euthanasia drugs have no experience giving an intravenous injection prior to the training they receive in order to become certified to handle these drugs. Despite recommendations that a euthanasia technician have other staff to help them, many rural animal control officers work alone. And many animals entering shelters are frightened or otherwise not able to be handled easily.

Pre-sedating animals with an injection of ketamine (in combination with one or more other drugs) enables minimally skilled technicians, working by themselves, to fully sedate each animal and ensure that the

euthanasia process will not involve a terrible struggle, fear, and the potential for bites. A safe, humane process is the goal and it requires that the correct drugs be used by people who are trained to use them.

While there may be replacements for ketamine in a surgical setting, they are unlikely choices for municipalities that are cutting corners to reduce animal control costs.

## Consequences of losing ketamine

This is not about whether or not one feels that shelters should reduce the numbers of animals killed. This is about the fact that where and when unwanted animals are put to death, either the gently restrained animal is to receive an intravenous injection of the correct amount



***Activist opposition to gassing, now mostly replaced by injectable euthanasia, accelerated in North Carolina circa 2010.***

of euthanasia drug, or the animal is to be fully sedated before the injection is administered.

Once sedated, the technician may administer the drug in a vein in a leg or directly into the heart. When administering an intracardiac injection, or “heart stick,” the animal is to be fully sedated beforehand.

Guess what will happen in the absence of drugs that are appropriate for sedation prior to injection, and with technicians working alone who are unable to locate and inject the correct amount of drugs into the animals’ veins?

As in the not so decent past, before the present euthanasia routines using ketamine became standard, fully conscious but intractable animals may be forcefully restrained with leashes and muzzles, or pulled tightly against a chain link panel, and then jabbed, probably repeatedly, by people who are not able to properly administer intravenous injections, or receive painful intracardiac injections while fully conscious. Many will die in terror and agony.



(Beth Clifton photo)

## Euthanasia can go wrong

Few rural animal shelters in the South and Midwest have a shelter veterinarian on staff; the search for replacement drugs will send at least some unqualified people on a wild goose chase seeking cheap drugs to render animals unconscious. Cheap will be the operative consideration.

It is likely that xylazine will be considered first because it is a relatively low-cost, readily accessible standby. However, xylazine reduces blood pressure, making it difficult (or impossible) for an unskilled person to administer euthanasia drugs in a vein. If an unskilled technician does not follow the xylazine with the correct dose of a euthanasia drug that is administered properly, horror stories of dogs “waking up” in the freezer, or in landfills or carcass pits, are likely to come next.

Euthanasia can go wrong. Removing a safe, effective drug from the mix can pave the road for making that happen.

(See also **North Carolina ends gassing.**)